

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)
 OCT 10 2006
 (37 C.F.R. 1.311)

Docket No.
 LWEP:123 US

Applicant(s): Werner Franz REICHERT et al.

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/765,433	01/27/2004	Alessandro V. Amari	24041	2872	1514

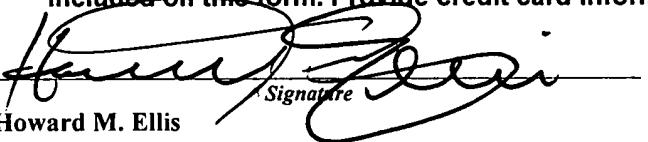
Invention: ERGONOMIC MICROSCOPE AND MICROSCOPE CARRIER

Mail Stop Issue Fee
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith are the following for the above-identified application.

- Issue Fee Transmittal Form PTOL-85
- Utility Fee: \$ 1400.00 Design Fee: _____ Plant Fee: _____
- Publication Fee: \$ 300.00
- A check in the amount of #1,700.00 is attached.
- The Director is hereby authorized to charge and credit Deposit Account No. 50-0822 as described below.
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Dated: October 5, 2006

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October 5, 2006

(Date)

Amy Burrows

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PART B - FEE(S) TRANSMITTAL

O I P E
1 OCT 10 2006
Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

07/14/2006

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10/11/2006 EAREGAY2 00000041 10765433

01 FC:1501	1400.00	DP
02 FC:1504	300.00	DP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/765,433

01/27/2004

Werner Franz Reichert

LWEP:123 US

1514

TITLE OF INVENTION: ERGONOMIC MICROSCOPE AND MICROSCOPE CARRIER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/16/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
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AMARI, ALESSANDRO V 2872 359-368000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

Simpson & Simpson
PLLC

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LEICA MICROSYSTEMS CMS GmbH

Wetzlar, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

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The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0822 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

10/15/06

Typed or printed name

Howard M. Ellis

Registration No.

25,856

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